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US
PTO

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PTO/SB/50 (02-01)

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REISSUE PATENT APPLICATION TRANSMITTAL

PTO
1064
11/30/01

Address to:		Attorney Docket No.	SLUTTER-RE																								
Assistant Commissioner for Patents Box Reissue Washington, DC 20231		First Named Inventor	SLUTTER																								
		Original Patent Number	5,995,221																								
		Original Patent Issue Date (Month/Day/Year)	11/30/1999																								
		Express Mail Label No.	EL695228494US																								
APPLICATION FOR REISSUE OF: (Check applicable box)		<input checked="" type="checkbox"/> Utility Patent	<input type="checkbox"/> Design Patent																								
			<input type="checkbox"/> Plant Patent																								
APPLICATION ELEMENTS (37 CFR 1.173)																											
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</p> <p>5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)</p> <p>6. <input type="checkbox"/> Power of Attorney</p> <p>7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))</p> <p><input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</p> <p><input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)</p> <p>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table</p> <p>9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on</p> <p>i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>																											
<p>10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).</p> <p>11. <input type="checkbox"/> Original U.S. Patent for surrender</p> <p><input type="checkbox"/> Ribboned Original Patent Grant</p> <p><input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)</p> <p>13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)</p> <p>15. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>17. Other: _____</p>																											
<p>18. CORRESPONDENCE ADDRESS</p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label 000545 or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)</p> <table border="1"> <tr> <td>Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> <td></td> </tr> </table> <table border="1"> <tr> <td>NAME (Print/Type)</td> <td>Anthony H. Handal / Roger Pitt</td> <td>Registration No (Attorney/Agent)</td> <td>26,275</td> </tr> <tr> <td>Signature</td> <td><i>Roger Pitt</i></td> <td>Date</td> <td>11/30/2001</td> </tr> </table>				Name				Address				City	State	Zip Code		Country	Telephone	Fax		NAME (Print/Type)	Anthony H. Handal / Roger Pitt	Registration No (Attorney/Agent)	26,275	Signature	<i>Roger Pitt</i>	Date	11/30/2001
Name																											
Address																											
City	State	Zip Code																									
Country	Telephone	Fax																									
NAME (Print/Type)	Anthony H. Handal / Roger Pitt	Registration No (Attorney/Agent)	26,275																								
Signature	<i>Roger Pitt</i>	Date	11/30/2001																								

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) SLUTTER-RE		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 83	Total Claims (37 CFR 1.16(j))	(B) 15	****0 * 0	=	x \$ _____ =	or	x \$ _____ =	
(C) 9	Independent claims (37 CFR 1.16(i))	(D) 2	* 0	=	x \$ _____ =		x \$ _____ =	
Basic Fee (37 CFR 1.16(h)) \$ _____							\$ 870.00	
Total Filing Fee \$ _____						\$ 870.00		
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =	or	x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee \$ _____							\$	
OR \$ _____								
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.								
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.								
*** After any cancellation of claims.								
**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).								
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).								
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
11/30/2001 Date				 46, 996 Signature of Applicant, Attorney or Agent of Record Anthony H. Handal/ Roger Pitt				
Typed or printed name								

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HANDAL & MOROFSKY

Counsellors at Law

Paul Morofsky 1926-1986

80 Washington Street
Norwalk, Connecticut 06854

Telephone: 203-838-8589
Facsimile: 203-838-8794

District of Columbia Office
American Center - Tysons Corner
Suite 500
8300 Boone Boulevard
Vienna, Virginia 22182

November 30, 2001

BOX PATENT APPLICATION

U.S. Patent and Trademark Office
P.O. Box 2327
Arlington, VA 22202

NO FEES ARE AUTHORIZED TO BE PAID AT THIS TIME

Re: Warren SLUTTER et al.
New U.S. Patent Application
Application No. Unknown Filed: Herewith
Reissue of U.S. Patent No. 5,995,221 Dated: November 30, 1999
Attorney Docket No. SLUTTER-RE
"MODIFIED CONCENTRIC SPECTROGRAPH"

SIR:

We enclose herewith:

- Reissue Patent Application Transmittal Letter;
- Reissue Application Fee Transmittal Form;
- Copy of Issued Patent With Certificate of Correction (13 pp);
- Preliminary Amendment with Status of Claims and Support for Claim Changes;
- Seven (7) Sheets of Drawings;
- Acknowledgment Postcard.

Future Fee Payment Authorization: The Commissioner is hereby authorized to charge payment of the fees associated with *future* communications or credit any overpayment to Deposit Account No. 08-0570.

Applicant hereby petitions under 37 CFR 1.136 or other applicable rule to have the response period extended the number of months necessary to render the attached communication timely if a petition is required.


Respectfully submitted,
Anthony H. Handal

Reg. No. 26,275
Roger Pitt
Reg. No. 46,996

Express Mail Label No.
EL695228494US